

CIP Transmittal Form

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. ASH-047-039		Total Pages	
	First named Inventor or Application Identifier		Toshiki NANKO	
	Title of Invention		DEVICE FOR BODY FLUID PURIFICATION AND SYSTEM FOR BODY FLUID PURIFICATION	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Box Patent Application Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input checked="" type="checkbox"/> Specification [Total Pages 54] - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Formal Drawing(s) (35 USC 113) [Total Sheets 5] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (When there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) /PTO-1449 <input type="checkbox"/> Copies of IDS Citations (* docs) 12. <input checked="" type="checkbox"/> Preliminary Paper 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input type="checkbox"/> Assertion to Entitlement to Small Entity Status <input type="checkbox"/> Assertion filed in prior application, status still proper and desired 15. <input checked="" type="checkbox"/> Certified Copy of Priority Documents <input checked="" type="checkbox"/> Priority of application Nos. 15502/1996 and 74721/1996 filed on January 31, and March 28, 1996, respectively, in Japan are claimed under 35 USC 119. <input checked="" type="checkbox"/> The certified copy has been filed in PCT/JP97/00254, of which Serial No. 08/930,271 is a 371. 16. <input type="checkbox"/> Other: <input type="checkbox"/> Copy of Notice of Recordation of Assignment Document <input type="checkbox"/> Request for Change of Corresponding Address		
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in part (CIP) of prior application No.: 08/930,271				
18. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 020374 or <input type="checkbox"/> Correspondence address below				
NAME	KUBOVCIK & KUBOVCIK			
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FILING DATE	July 22, 2003	TEL	202-887-9023	FAX
FILING DATE	July 22, 2003	TEL	202-887-9093	

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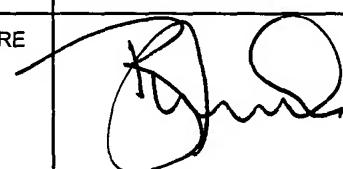
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FEE TRANSMITTAL Note: Effective January 1, 2003		Application Number	Not Yet Assigned
		Filing Date	July 22, 2003
		First Named Inventor	Toshiki NANKO
		Group Art Unit	Not Assigned
		Examiner Name	Not Assigned
		Attorney Docket Number	ASH-047-039

CLAIMS AS FILED-PART 1			SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	Fee	RATE	Fee
BASIC FEE (37 CFR 1.16 (a))				\$37.00		\$750.00
TOTAL CLAIMS (37 CFR 1.16 (c))	10- 20 =		\$9.00		\$18.00	\$0.00
INDEPENDENT CLAIMS (37 CFR 1.16 (B))	2 - 3 =		\$42.00		\$84.00	\$0.00
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16 (d))			\$140.00		\$280.00	
			SUB TOTAL		SUB TOTAL	\$750.00
SURCHARGE-LATE FILING FEE OR DECLARATION			\$65.00		\$130.00	
RECORDING ASSIGNMENT			\$40.00		\$40.00	\$40.00
TOTAL				\$0.00		\$790.00

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SIGNATURE OF ATTORNEY, OR AGENT			
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